pplication or Docket Number
<u></u>
may 18988
60015480 V

	PATENT APPLICATION FEE DETERMINATION RECOF Effective October 1, 2000							09	8/	39 <i>5</i> 8	``
og Ar Oggan Artigo		CLAIMS AS	FILED - PART (Column 1)	(Colur	nn 2)	SMALI TYPE	LEN		OR	OTHER SMALL I	THAN
TO	TAL CLAIMS		U			RAT	E	FEE:		RATE	FEE
FO	R		NUMBER FILED	NUMBE	R EXTRA	BASIC	FEE	355.00	OR	BASIC FEE	· 710.00
то	TAL CHARGEA	BLE CLAIMS	7/ minus 20=	*	1	X\$ 9)=		OR	X\$18=	18.00
IND	EPENDENT CL	AIMS	3 minus 3 =	0		X40	= .		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT			+135	5=		OR	+270=	
* If	the difference	in column 1 is	less than zero, ente	er "0" in c	olumn 2	TOT	AL		OR	TOTAL .	728.11
	C	LAIMS AS A (Column 1)	MENDED - PAF (Colu	RT II umn 2)	(Column 3)	SMA	LL E	NTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	NUI PREV	HEST MBER HOUSLY D FOR	PRESENT \ EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL - FEE
NO.	Total	. 71	Minus	f.	= 1.	X\$ 9	9=		OR	X\$18=	
AME	Independent	` بي	Minus ****}		=	X40)=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEPENDEN	IT CLAIM		+13!	5=		OR	+270=	No.
						TC ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		umn 2)	(Column 3)				_		, -
AENT B		CLAIMS REMAINING AFTER AMENDMENT	NU PREV	MHEST MBER /IOUSLY D FOR	PRESENT EXTRA	RAT	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
MON	Total	. 21	Minus	" <i>2</i> /	=				
ME	Independent	. 3	Minus	··· 3	=				
V	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	}
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	

		(Column 1)		(Column 2)	(Column 3)			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
ΣQ	Total		Minus	**	=			
Ä	Independent	*	Minus	***	=			
∠	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							

F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
	(\$ 9=		OR	X\$18=					
>	(40=		OR	X80=					
+	135=		OR	+270=					
ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE					

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is I ss than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.